

Fill in this information to identify the case:

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Debtor 1 Francesca Earhart Last Name
 First Name Middle Name

Debtor 2 Last Name
 (Spouse, if filing) First Name Middle Name

United States Bankruptcy Court for the: Eastern District of Missouri (State)

Case number: 08-40158

RECEIVED & FILED

JUN 15 2021

U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9,959.73
Claimant's Name:	Grace Recovery Center, LLC
Claimant's Current Mailing Address, Telephone Number, and Email Address:	9509 Waterman Dr Aubrey, TX 76227 714.552.1034 gracerecoverycenterusa@gmail.com

2. Applicant Information represents that Claimant is entitled to receive the unclaimed funds because (check the statements that Applicant² apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

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X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Eastern District of Missouri
111 South 10th Street, 20th Floor
St. Louis, Missouri 63102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: June 11/2021

[Signature]
Signature of Applicant

Rosa Petritz
Printed Name of Applicant

Address: 9509 Waterman Dr.
Aubrey, TX 76227

Telephone: 714.552.1034

Email: grate.recoverycenter@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

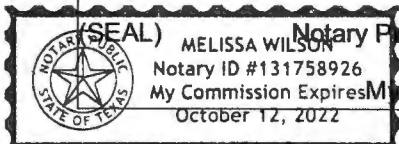
STATE Texas
OF _____

COUNTY Denton
OF _____

This Application for Unclaimed Funds, dated 6/11/21 was subscribed and sworn to before me this _____

11th day of 6 2021 by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument.
WITNESS my hand and official seal.



6. Notarization

STATE _____
OF _____

COUNTY _____
OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before _____

me this _____ day of _____, 20 _____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument.
WITNESS my hand and official seal.

(SEAL) _____ Notary Public

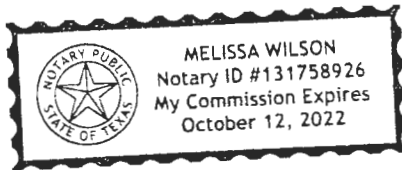
(SEAL) _____ Notary Public

My commission expires: _____

State of Texas
County of Denton

Sworn to and Subscribed before me on this 11th day of June, 2021.

Melissa Wilson
SIGNATURE OF NOTARY PUBLIC



Certificate of Service

I certify that a copy of this document, was sent to the following by first class U.S. Mail
on: May 9, 2021

Office of the United States Attorney of the Eastern District of Missouri
111 South 10th St, 20th Floor
St. Louis, Missouri
63102

MP
SIGNATURE

LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED, that I Francesca Earhart, undersigned, do hereby grant a limited and specific power of attorney to Grace Recovery Center, LLC of 9509 Waterman Dr, Aubrey Texas 76227 as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on behalf.

1. File application for payment of unclaimed funds.

The authority shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform its discretion deem advisable.

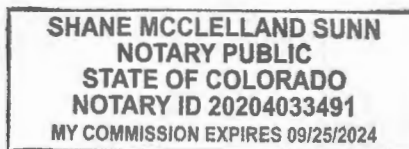
The power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until the receipt of auction notice of revocation.

Signed this 7th day of June, 20 21.

Francesca Earhart
Signature

SUBSCRIBED AND SWORN BEFORE ME this 7th day of June, 20 21.

County of Denver
State of CO



[Signature]
Notary Public

Date of Commission Expires: 9/25/2024

ASSIGNMENT AGREEMENT

This Assignment Agreement (hereinafter "Agreement") is entered into on May,
25, 2021 by and between Francesca Earhart hereinafter ("Assignor") and
Grace Recovery Center, LLC, (hereinafter "Assignee")

For good and valuable consideration, receipt of which is hereby acknowledged, the
undersigned, Francesca Earhart ("Assignor") hereby sells, assigns, conveys and transfers over
and unto Grace Recovery Center, LLC ("Assignee"), any and all of right, title and
interest in and to the below reference funds/claim(s):

The Assigned funds/claim(s):

Court: U.S. Bankruptcy Court Eastern District of Missouri (MOEB)

Case Number: 08-40158

Debtor: Kevin Earhart & Francesca Earhart

Unclaimed Funds: \$9,959.73

Assignment Fee: \$3,485.90

CLAIM IS ASSIGN "AS IS", WHERE IS" WITH NO WARRANTIES OR
REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE
ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION ,
WARRANTIES OF MERCHANT ABILITY OR FITNESS FOR A PARTICULAR
PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this Notice of Assignment to be
executed as of this 17th day of June, 20 21

Francesca Earhart (Assignor)

SWORN AND SUBSCRIBED on the 7th day of June, 20 21 before me
personally appeared Francesca Earhart (Assignor)

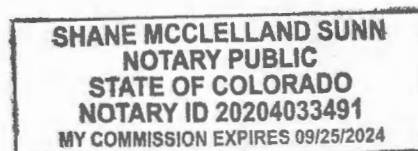
Identification provided by the above named was: COLL

Shane M Sunn

WITNESS my hand and official seal

[Signature]

Signature – Notary Public



AFFIDAVIT

The State of Colorado)
) S.S.
County of Denver)

I, Francesca Earhart, of Denver, in Denver, Colorado, MAKE OATH AND SAY THAT:

1. I am estranged from my ex-husband Kevin Earhart.
2. I am unaware of Kevin Earhart's whereabouts.

I therefore request that the unclaimed funds in the amount of \$19,919.46 be equally divided.

STATE OF COLORADO

COUNTY OF DENVER

SUBSCRIBED AND SWORN TO BEFORE
ME,

on the 7th day of June,

(Signature)



Signature

Earhart

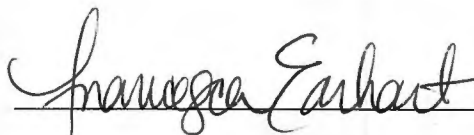
(Seal)

NOTARY PUBLIC

My Commission expires:

9/25/2024

2021



Francesca

